

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

I hereby claim the benefit under 37 C.F.R. § 1.56 which is defined in the manner provided in 37 C.F.R. § 1.56 which application:

PRIOR U.S. PATENT APPLICATION

U.S. Patent Application or PCT Number

09/958,050

PCT/GB01/03495

POWER OF ATTORNEY: As in the U.S. Patent and Trademark

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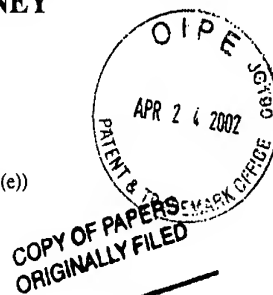
I hereby declare that the statements and the false statements made

2	FULL NAME OF INVENTOR
0	INVENTOR'S SIGNATURE
0	RESIDENCE & CITIZENSHIP
1	POST OFFICE ADDRESS
2	FULL NAME OF INVENTOR
0	INVENTOR'S SIGNATURE
0	RESIDENCE & CITIZENSHIP
2	POST OFFICE ADDRESS
2	FULL NAME OF INVENTOR
0	INVENTOR'S SIGNATURE
0	RESIDENCE & CITIZENSHIP
3	POST OFFICE ADDRESS
2	FULL NAME OF INVENTOR
0	INVENTOR'S SIGNATURE
0	RESIDENCE & CITIZENSHIP
4	POST OFFICE ADDRESS

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

() Declaration submitted with initial filing or

(X) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))



ATTORNEY'S DOCKET
PG4733

First Names Inventor:
BIGGADIKE, Keith

Complete if known:

App No.:
10/067,020

Filing Date
04 February 2002

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FORMULATION CONTAINING ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 4 February 2002 as United States application Serial No. 10/067,020 or PCT International

Application Number _____ filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35, U.S.C. § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0019172.6	GB	08/05/2000	X
2. PCT/GB01/03495	PCT	08/03/2001	X
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

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ORIGINALLY FILED

ATTORNEY'S DOCKET
PG4733

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BIGGADIKE, Keith

Complete if known:

App No.:
10/067,020

Filing Date
04 February 2002

Group Art Unit:

- () Declaration submitted with initial filing or
(X) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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[] is attached hereto.

OR

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Application Number _____ filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
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2. PCT/GB01/03495	PCT	08/03/2001	X
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PG4733

APR 24 2002

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
09/958,050	10/02/2001		X	
PCT/GB01/03495	08/03/2001		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



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Send Correspondence to:

23347
PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

James P. Rick
919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Keith	Date
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1		Stevenage	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Amy	Ppyarali
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2		Mississauga	CA	KE
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
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	INVENTOR'S SIGNATURE	Signature	Ian	Richard
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3		Mississauga	CA	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Kenton	Lewis
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4		Mississauga	CA	US
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		Five Moore Drive, PO Box 13398		



Creation date: 11-12-2003
Indexing Officer: GKEJELA - GELANA KEJELA
Team: OIPEBackFileIndexing
Dossier: 10067020

Legal Date: 05-07-2002

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